

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/584814

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
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48				/		/
49				/		/
50				/		/
TOTAL IND.	1	↓	1	↓	1	↓
TOTAL DEP.	34		14		14	
TOTAL CLAIMS	35		15		15	

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51				/		/
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97						
98						
99						
100						
TOTAL IND.		↓	0	↓	0	↓
TOTAL DEP.			18		18	
TOTAL CLAIMS			18		18	